Holdrege Area Public Library Patron Registration Form

LAST NAME (PRINT)	FIRST NAME (PRINT)	MIDDLE NAME (PRINT)
Address		CITY, STATE, ZIP CODE
Primary Phone number		ALTERNATE PHONE NUMBER
DATE OF BIRTH (MM/DD/YYYY)		EMAIL ADDRESS
ALTERNATE / PERMANENT ADDRESS		CITY / STATE / ZIP / PHONE
-		ed on my library card and agree to pay to notify the library immediately upon y card.
APPLICANT SIGNATURE		DATE
SIGNATURE OF PARENT OR GUARDIAN		PRINTED PARENT/GUARDIAN NAME
	lian's Driver's License is needed on t ents over 17 may sign for their own	the application and the parent signs as card.
	FOR OFFICE USE ONLY	
VERIFIED BY		Overdrive
DATE ENTERED		
DL#		
Assigned Barcode		